



Colorado Department  
of Public Health  
and Environment

Colorado Department of Public Health and Environment  
Compliance Assurance & Data Management Unit

REPORTING FORM FOR **BACTERIOLOGICAL** ANALYSIS

SAMPLER: FILL OUT ONE FORM - FOR EACH INDIVIDUAL SAMPLING POINT

PWSID #: CO0\_\_\_\_\_ COUNTY:\_\_\_\_\_ DATE COLLECTED: \_\_\_\_/\_\_\_\_/\_\_\_\_

SYSTEM/ESTABLISHMENT NAME: \_\_\_\_\_

SYSTEM MAILING ADDRESS: \_\_\_\_\_

Street address/PO Box

CITY

STATE

ZIP

CONTACT PERSON:\_\_\_\_\_ PHONE: (\_\_\_\_) \_\_\_\_\_

SAMPLE COLLECTED BY: \_\_\_\_\_ TIME COLLECTED:\_\_\_\_\_ am/pm

WATER TYPE: RAW (No chlorine or other treatment) ☐ CHLORINATED ☐ OTHER TREATMENT ☐

SAMPLE POINT (Address)	CHLORINE RESIDUAL in mg/L	SAMPLE TYPE
		<input type="checkbox"/> Routine <input type="checkbox"/> Repeat <input type="checkbox"/> Special Purpose

===== *For Laboratory Use Only Below This Line* =====

LABORATORY SAMPLE # \_\_\_\_\_ CLIENT NAME or ID# \_\_\_\_\_

LABORATORY NAME: \_\_\_\_\_ LAB PHONE # (\_\_\_\_) \_\_\_\_\_

DATE RECEIVED IN LABORATORY \_\_\_\_/\_\_\_\_/\_\_\_\_ DATE ANALYZED \_\_\_\_/\_\_\_\_/\_\_\_\_

COMMENTS: \_\_\_\_\_

PARAMETER	RESULT	UNITS	ANALYSIS DATE	LABORATORY METHOD
Coliform, TOTAL (Verified)		#/100 mL		
Coliform, FECAL/e. Coli (Verified)		#/100 mL		
Coliform, TOTAL (Absent/Present)				
Coliform, FECAL/e. Coli (Absent/Present)				

**LABORATORY: Please call Drinking Water Section with any results other than < 1 or ABSENT.**

NT = Not Tested for compound

TNTC = Too Numerous To Count - Please resample

OD = Outdated - Please resample

<1 = Safe valid sample

Present Coliform / e.Coli /Fecal detected

#/100 ml = Number of colonies per 100 ml of sample

CG = Confluent Growth - Please resample

LA = Lab Accident - Please resample

Absent = Coliform / e.Coli /Fecal not detected

Reviewed & Approved by \_\_\_\_\_

Title \_\_\_\_\_

Date \_\_\_\_/\_\_\_\_/\_\_\_\_

MAIL RESULTS TO: CDPHE, WQCD-CADM-B2, 4300 Cherry Creek Drive South, Denver, CO 80246-1530